



AEZAL DENTAL CLINIC

☎ 0315-2924704  
🌐 aezaldentalclinic.com  
📍 Shop #03, R-74, Block-B, Gulshan-e-Millat,  
Korangi, Sector 10, Karachi

# INVOICE

Invoice Number : INV-2024-001

Date Issued : April 10, 2024

Due Date : April 17, 2024

## Patient Information

Name : Samira Hadid  
Address : 123 Anywhere St., Any City, ST 12345  
Contact : 123-456-7890

## Description of Services Provided

Date	Description	Qty	Unit Price (PKR)	Total (PKR)
2025-04-10	Scaling	1	2500.00	2500.00

Subtotal 2500.00  
Discount (10%) - 250.00

Total Amount Due PKR 2250.00

## Payment Instructions

Payment Method: Credit Card / Bank Transfer  
Bank Name: Meezan Bank  
Account Number: 0987-0123456789  
Please include the invoice number in your payment reference.

## Terms & Conditions

- Payment is due within 7 days from the issue date.
- Late payments may incur a 2% surcharge.
- If you have any questions regarding this invoice, please contact us.